

**ND-1 Individual income tax return 2004**

Please type or print in black or blue ink. Enter one letter or number in each box. Fill in circles completely.

Your Social Security Number

Spouse's Social Security Number

Your name (First, MI, Last name)

If joint return, spouse's name (First, MI, Last name)

Mailing address

City

State

Zip code

- A. Filing status used** ☐ 1. Single on federal return: ☐ 2. Married filing jointly (Fill in only one) ☐ 3. Married filing separately
- ☐ 4. Head of household ☐ 5. Qualifying widow(er) with dependent child

Spouse's name

- B. Residency status:** ☐ 1. Full-year resident (Fill in only one) ☐ 2. Full-year nonresident ☐ 3. Part-year resident
- C. School district code** (See page 17)
- D. Income source code** (See page 9)

► Fill in only if applicable: ☐ Amended (See page 9) ☐ Extension

► Fiscal year filer ONLY: (See page 9)

Fiscal year begin date

MM/DD/YYYY

Fiscal year end date

MM/DD/YYYY

► Were you required to pay estimated federal income tax for 2004? (See page 9) ☐ Yes ☐ No

Dept. use only: Composite return ☐ (CF)

E. Federal adjusted gross income from line 36 of Form 1040, line 21 of Form 1040A, line 4 of Form 1040EZ, or line I of TeleFile Tax Record (SX) E

US Dollars

1. Federal taxable income from line 42 of Form 1040, line 27 of Form 1040A, line 6 of Form 1040EZ, or line K of TeleFile Tax Record (If zero, see page 9 of instructions) (SS) 1

Additions2. Lump-sum distribution from Federal Form 4972 (NA) 2 3. Loss from pass-through entity subject to North Dakota's financial institution tax (Attach statement from entity) (NB) 3 4. Add lines 1, 2 and 3 4 **Subtractions**5. Interest from U.S. obligations (Attach supporting statement) (SN) 5 6. Net long-term capital gain exclusion (From worksheet on page 10 of instructions) (NC) 6 7. Exempt income of a Native American (S4) 7 8. Benefits received from U.S. Railroad Retirement Board (Attach copy of Form RRB-1099/RRB-1099-R, or both) (S5) 8 9. Income from pass-through entity subject to North Dakota's financial institution tax (Attach statement from entity) (S6) 9 10. Renaissance zone income exemption (Attach Schedule RZ) (S7) 10 11. New or expanding business income exemption (Attach supporting statement) (NH) 11 12. National Guard/Reserve member federal active duty pay exclusion (Attach copy of Title 10 orders) (NI) 12 13. Nonresident only: Servicemembers Civil Relief Act adjustment (See page 10 of instructions) (NJ) 13

14. North Dakota taxable income. Subtract lines 5 through 13 from line 4.

If less than zero, enter 0

(ND) 14

15. Tax: • If full-year resident, enter amount from Tax Table on page 18 of instructions.

If you have farm income, see page 11 of instructions.

• If part-year resident or full-year nonresident, enter amount from Schedule ND-1NR, line 22.

(SB) 15

North Dakota Office of State Tax Commissioner
2004 Form ND-1, page 2



US Dollars

16. Enter your **tax** from line 15 of page 1 ----- 16

Credits

17. Credit for income tax paid to another state
(Attach Schedule ND-ICR) ----- (SD) 17

18. Family member care credit (Attach Schedule FC) ----- (S2) 18

19. Renaissance zone credit (Attach Schedule RZ) ----- (S3) 19

20. Ag commodity investment credit (from worksheet on page 11 of
instructions) (Attach investment reporting form) ----- (NE) 20

21. Credit for unused federal credit for prior year minimum tax
(From worksheet on page 11 of instructions) ----- (NF) 21

22. Seed capital investment credit (from worksheet on page 12
of instructions) (Attach investment reporting form) ----- (NG) 22

23. **Net tax liability.** Subtract lines 17 through 22 from line 16. *If less than zero, enter 0* ----- (SE) 23

Withholding and/or tax already paid

24. North Dakota withholding (Attach supporting W-2s and 1099s) ----- (SF) 24

25. Estimated tax paid (including extension payment on
Form 400-EXT) plus overpayment applied from 2003 ----- (S&) 25

26. Total payments. Add lines 24 and 25 ☐ If line 26 is MORE than line 23, complete lines 27 through 31.
☐ If line 26 is LESS than line 23, complete lines 32 through 35. ----- 26

Refund

27. **Overpayment** - If line 26 is MORE than line 23, subtract line 23 from line 26 and enter result;
otherwise, go to line 32. *If result is less than \$5.00, enter 0* ----- (SG) 27

28. Amount of line 27 that you want applied to your 2005
estimated tax ----- (SQ) 28

29. Amount of line 27 that you wish to contribute to the Watchable
Wildlife Fund ----- (SP) 29

30. Amount of line 27 that you wish to contribute to the Trees
For ND Program Trust Fund ----- (SW) 30

31. **Refund.** Subtract lines 28 through 30 from line 27. *If result is less than \$5.00, enter 0* --- (SR) 31

To **direct deposit** your
refund, complete items a, b,
and c. (See page 12.)

a. Routing number:

b. Account number:

c. Type of account:

☐ Checking

☐ Savings

Tax Due

32. **Tax due** - If line 26 is LESS than line 23, subtract line 26 from line 23 and enter result.
If result is less than \$5.00, enter 0 ----- (SZ) 32

33. Amount that you wish to contribute to the Watchable
Wildlife Fund (but only if there is a tax due on line 32) ----- (SU) 33

34. Amount that you wish to contribute to the Trees For ND
Program Trust Fund (but only if there is a tax due on line 32) --- (SY) 34

35. **Balance due.** Add lines 32, 33, 34, and, if applicable, line 36.
Pay to: **ND State Tax Commissioner** ----- 35

36. Interest on underpaid estimated tax from Form 400-UT ----- (SO) 36

I declare under the penalties of North Dakota Century Code §12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this return, including any accompanying schedules and statements, has been examined by me, and to the best of my knowledge and belief is a true, correct, and complete return. **Privacy Act** - see inside front cover of booklet.

| | | |
|----------------------------|--------------|---------------------------|
| Your signature | Date | Your daytime phone number |
| Spouse's signature | Date | |
| Signature of paid preparer | EIN/SSN/PTIN | Date |

OPR ☐

Tax Department use only

▶ **Attach a copy of your 2004 federal income tax return**

▶ **Mail to: Office of State Tax Commissioner, 600 E. Boulevard Ave.,
Dept. 127, Bismarck, ND 58505-0550**